



Fax to: (205)449-6431 or Email to: [LusBhm@gmail.com](mailto:LusBhm@gmail.com)

**\*\*\*Information Needed to Originate a Death Certificate\*\*\***

Name and Address of Deceased \_\_\_\_\_ Age: \_\_\_\_\_  
(IF FEMALE, INCLUDE MAIDEN NAME)

Pacemaker? \_\_\_\_\_ (Address) \_\_\_\_\_  
 Yes  
 No

\_\_\_\_\_ We want to identify the remains of the deceased. or \_\_\_\_\_ We want the funeral director to identify the remains of the deceased.

Sex \_\_\_\_\_ Race \_\_\_\_\_ Married, Single, Widowed, or Divorced (Circle One)

Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Spouse of Deceased \_\_\_\_\_  
(Include Maiden Name)

Father of Deceased \_\_\_\_\_

Mother of Deceased \_\_\_\_\_  
(Include Maiden Name)

Place of Death \_\_\_\_\_  
(Name of Institution)

Birthplace of Deceased \_\_\_\_\_  
(City & State)

Educational Level: \_\_\_\_\_

Last known Occupation \_\_\_\_\_

Military Veteran? Yes \_\_\_\_\_ or No \_\_\_\_\_. If yes, what branch: \_\_\_\_\_

Informant's Name, Address, and Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ Email: \_\_\_\_\_

**AUTHORIZATION FOR CREMATION AND DISPOSITION**

NOTICE: THIS IS A LEGAL DOCUMENT; IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of

Name of Deceased (hereinafter referred to as the "Deceased") \_\_\_\_\_ Place of Death (including City and State) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_ Time of Death \_\_\_\_\_ am or pm

\_\_\_\_\_ I/We have identified the remains of the deceased. \_\_\_\_\_ I/We authorize the funeral director to identify the remains of the deceased  
 I/We am/are not aware of a person who has a superior priority right or am/are not aware of a person of equal priority who disagrees with authorizing the cremation. I/We

hereby request and authorize **W.E. Lusain Funeral Home** (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at **W.E. Lusain Funeral Home and Crematory** (hereinafter referred to as the "Crematory"). Upon receipt of the Deceased, I/we hereby authorize Crematory to proceed with the cremation. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

- (1) Lorna Rd. release to family: \_\_\_\_\_ (2) Ship via Registered Mail (Additional Fee Required). Name and Address: \_\_\_\_\_ (3) \_\_\_\_\_

Name of designated family member to receive cremated remains. \_\_\_\_\_ Initial here if you want the cremated remains disposed at the discretion of the funeral home.

(2) Goldwire Way release to family: \_\_\_\_\_ \*Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via the USPS.

Name of designated family member to receive cremated remains. \_\_\_\_\_

The cremation, processing and disposition of the cremated remains of the Deceased authorized herein shall be performed in accordance with all governing laws, rules, regulation and policies of the crematory and funeral home, and the following terms and conditions: Medical and radioactive devices implanted in the remains of the deceased such as pacemakers, etc may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event that the remains of the deceased contain such a device, I/we hereby authorize the funeral home and its agents and employees to remove any such mechanical devices from the remains of the deceased prior to cremation and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO \_\_\_\_\_ DO NOT \_\_\_\_\_ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. Listed below are all implanted mechanical and radioactive devices and other items of value which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated: \_\_\_\_\_

(Description of Implanted Device or Personal Article Disposition).

If no instructions for disposition are given, such items may be disposed of at the discretion of the funeral home. The cremation container containing the remains of the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Certain items including but limited to body prosthesis, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the deceased maybe destroyed during the cremation process. I further authorize that if any items, other than the cremated remains of the deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the deceased and disposed of by the crematory. I hereby further authorize the crematory to separate and remove from the cremation chamber all non combustible materials including but not limited to hinges, latches, nails, jewelry, and precious metals, and to dispose of such material. Following the cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container. Unless an urn or container suitable for shipment is purchased, the crematory will place the cremated remains of the deceased in a container which is designed for any type of shipment. In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated remains will be placed in a secondary container and returned to the funeral home, together with the primary urn or container. I understand and acknowledge, that even with the exercise of reasonable care and use of the crematory's best efforts, it is not possible to recover all particles of the cremated remains of the deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I hereby authorize the crematory to dispose of any such residual particles in any lawful manner I deem appropriate. I agree to indemnify, release and hold the crematory, funeral home, and their affiliates, agents, employee and assigns harmless for any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased, as authorized herein, or my failure to correctly identify the remains of the deceased, disclose the presence of any implanted medical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains. Except as set forth in the Authorization, no warranties, expressed or implied, are made by the funeral home, crematory, or any of their respective affiliates, agents or employees.

**SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature _____	Print Name and Relationship to Deceased _____	Date _____
Address _____		Tel. # ( ) _____
Street City State Zip		
Signature _____	Print Name and Relationship to Deceased _____	Date _____
Address _____		Tel. # ( ) _____
Street City State Zip		
**Witness Signature** _____		Print Name _____
Address _____		Date _____
_____		Tel. # ( ) _____
Street City State Zip		
Licensed Funeral Director		



STATE OF ALABAMA  
ALABAMA BOARD OF FUNERAL SERVICE  
CREMATION IDENTIFICATION FORM

**\*\*THIS FORM SHALL ACCOMPANY THE REMAINS THROUGH ALL PHASES OF TRANSPORTING\*\***

**IDENTIFICATION:**

NAME OF DECEASED: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_  
(PHYSICAL ADDRESS OR INSTITUTION)

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_

→ NAME OF AUTHORIZING AGENT (or representative of): \_\_\_\_\_

→ SIGNATURE OF AUTHORIZING AGENT (or representative of): \_\_\_\_\_

**FUNERAL ESTABLISHMENT ORIGINALLY RECEIVING REMAINS:**

NAME: W. E. Lusain Funeral Home and Crematory

ADDRESS: 629 Goldwire Way SW CITY/STATE: Birmingham, AL

**ESTABLISHMENT PERFORMING CREMATION:**

NAME: W. E. Lusain Funeral Home and Crematory

ADDRESS: 629 Goldwire Way SW CITY/STATE: Birmingham, AL

→ SIGNATURES: \_\_\_\_\_  
(INDIVIDUAL RELEASING REMAINS TO CREMATORY) (CREMATORY REPRESENTATIVE RECEIVING REMAINS)

→ \_\_\_\_\_  
(PRINTED NAME OF INDIVIDUAL RELEASING REMAINS) (PRINTED NAME OF CREMATORY REPRESENTATIVE)

**NOTIFICATION**

CORONER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

CONSENT INFORMATION: \_\_\_\_\_

**CERTIFICATION OF CREMATIONIST**

I, \_\_\_\_\_ do hereby attest and certify that I personally performed the cremation of  
(Print name of individual who performed cremation)

\_\_\_\_\_ at W. E. Lusain Crematory on \_\_\_\_\_ beginning at  
(Print name of deceased) (Print name of crematory) (Date)

\_\_\_\_\_ and concluding on \_\_\_\_\_ at \_\_\_\_\_. I further attest that the deceased was assigned  
(Time) (Date) (Time)

identification number \_\_\_\_\_ prior to the cremation and that this number has accompanied the remains through the entire cremation process and has been placed with the cremated remains for return to the specified destination.

\_\_\_\_\_  
(Signature of Cremationist)